How to Submit a PASRR and Entering Demographic & Provider Information

How to Initiate a PASRR:

- On the left hand side of your screen in TPAES, click on the *Submit* option which looks like this:
- Click on *Browse and Submit to a Project*, this will open your *Submit Tree* option.
- *Long Term Care* will be visible and it should be clicked on to expand the options a submitter will have.
- Once clicked, the *Level 1 PASRR* option will become available. Click on this option.

Completing the Demographic and Provider Information on the PASRR:

- Click the *Patient/Provider Information* tab.
- *Submitting Agency* will populate the user profile information automatically. You may click on "*Provider is Same as Submitting Agency*" if applicable and move to the *Applicant* section. If the submitting agency is not the provider, complete the information in the *Provider* section.
  - Note – you may still need to input an "Admission Date" in the *Provider* section if an "Admission Date" is applicable.

"Provider" Section

- If the provider is different from the submitting agency fill out the information below:
  - *Provider Name*
  - *Provider Number*
  - *Provider Street Address*
  - *Provider City*
  - *Provider State*
  - *Provider Phone Number*
  - *Provider Zip Code*
  - *Provider Fax Number*
  - *Admission Date (If applicable)*

        o *Provider Contact Name*

"Applicant" Section

- Once the Provider information has been completed, move onto the *Applicant* section and fill out the information below:
    - o *Applicant Name in this order: Last, First, Middle*
    - o *Applicant Medicaid Number (if applicable)*
    - o *Applicant Street Address*
    - o *Applicant Social Security Number*
    - o *Applicant City*
    - o *Applicant State*
    - o *Applicant Zip Code*
    - o *Applicant Date of Birth*
    - o *Applicant Phone Number*

"Designee" Section

- Once the Applicant information has been completed, move to the Designee section and fill out the information below:
    - *Designee Name in this order: Last, First, Middle*
    - *Designee Phone Number*
    - *Designee Street Address*
    - *Designee City*
    - *Designee State*
    - *Designee Zip Code*

Please note, this section must be filled out in its entirety or left completely blank. If the submitter begins to complete the information and does not fully complete this section a technical denial may occur. If there is no designee you may simply leave this blank. (The only exception is that a Middle Name is not required).

After completing the Patient/Provider Information, scroll to the top of the page and choose the 'PASRR Level 1 Assessment" button.